

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>010890</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/30/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRENTWOOD AT LAPORTE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2002 ANDREW AVE</b> <b>LA PORTE, IN 46350</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Post Survey Revisit (PSR) to the to the PSR completed on October 22, 2014 to the State Licensure Survey completed on September 9, 2014.</p> <p>This visit was in conjunction with the PSR to the Investigation of Complaint IN00156929 completed on 10/22/14.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00161645.</p> <p>Survey date: December 30, 2014</p> <p>Facility number: 010890 Provider number: 010890 AIM number: N/A</p> <p>Survey team: Yolanda Love, RN-TC</p> <p>Census bed type: Residential: 102 Total: 102</p> <p>Census payor type: Other: 102 Total: 102</p> <p>Sample: 3</p> <p>Brentwood at LaPorte was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Licensure Survey.</p> <p>Quality review completed on January 2, 2015, by Janelyn Kulik, RN.</p>	{R 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE